

# True Resolutions Inc.

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Aug/30/2012

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Discography with post discography CT scan L3-4, L4-5, L5-S1

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

Board Certified Anesthesiologist

Board Certified Pain Medicine

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.**

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines

Cover sheet and working documents

MRI lumbar spine dated 05/20/11

Clinic notes Consultants dated 06/21/11-04/21/12

Procedure notes transforaminal epidural steroid injection dated 08/10/11, 09/27/11, and 04/04/12

Utilization review determination 04/24/12

Psychodiagnostic assessment 05/07/12

Utilization review determination dated 05/21/12

Utilization review determination dated 06/04/12

Utilization review determination dated 07/17/12

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a male who sustained a lifting injury to the low back on xx/xx/xx. The records indicate he developed back pain and left leg pain almost immediately. MRI of the lumbar spine on 05/20/11 revealed a large midline disc herniation at L4-5 with inferiorly extruded free fragment of disc material resulting in central canal stenosis with probable multiple nerve root impingement. There is spondylosis with disc space narrowing and broad based disc protrusion at L5-S1 which moderately narrows the left neural foramen but does not definitely impinge the exiting left L5 nerve root. Records indicate the claimant is treated conservatively

with physical therapy, medications and epidural steroid injections. The claimant remains symptomatic despite conservative measures. According to office note dated 04/17/12 the claimant reported that his left sided pain subsided. He only has dominant right lumbosacral and right lower extremity pain. A request for discography with post discography CT scan L3-S1 was non-certified per utilization review dated 05/21/12 noting that Official Disability Guidelines do not recommend discography as part of the evaluation for surgical intervention of low back pain. It was noted there was no clear evidence that the claimant is already a candidate for fusion, and the request is not consistent with Official Disability Guidelines recommendations.

A request for discography with post discography CT scan L3-4, L4-5, L5-S1 was non-certified per utilization review dated 06/04/12, noting that proposed lumbar fusion has been denied so discogram is not indicated as surgery is not currently an option. It was further noted discogram remains considered a diagnostic test of unproven efficacy and is officially not recommended by Official Disability Guidelines.

A reconsideration request for discogram with post discogram CT was reviewed on 07/17/12, and the original non-certification determination was upheld. It was noted that the claimant has low back pain with reported radiation that is not improved. The claimant has received epidural steroid injections. The study appears to be requested to be utilized as an isolated indication for surgery. The record does not contain a pre-operative psychiatric evaluation to address any potentially confounding issues which could skew the results of controversial study. Non-certification was recommended.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

The request for discography with post discography CT scan L3-4, L4-5, L5-S1 (72131) is not supported as medically necessary by the records submitted for review. The claimant is noted to have sustained a lifting injury to the low back on xx/xx/xx. His condition has been refractory to conservative care including physical therapy, medications, and epidural steroid injections. The claimant underwent psychodiagnostic assessment on 05/07/12 at which time it was noted that the claimant appears to be an appropriate candidate for discogram procedure. Per Official Disability Guidelines, discography is not recommended as a pre-operative indication for either IDET or lumbar fusion based on recent high quality studies noting that concordance of symptoms is of limited diagnostic value. Moreover, it appears that proposed fusion surgery has been non-authorized, and further work up for proposed surgery is not indicated.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

**[ X ] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**[ X ] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**